## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER AFTER I\*AMENDMENT AS FILED 2 ™ AMENDMENT AFTER I"AMENDMENT IND. DEP 2 MAMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. $3\overline{4}$ TOTAL IND. TOTAL IND

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